

Lecture 2: From Madness to Mental Illness

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Key Themes

- The past 250 years has witnessed a transformation from “madness” to “mental illness.”
 - (a) “illness” suggests something a physician can/should remedy.
 - (b) “mental illness” came to involve a broad array of feelings/behaviour that had not typically been understood as “madness.”
- Central questions:
 - Has mental illness been on the rise, and why?
 - How did mental healthcare become professionalized?
 - What were the consequences?
- Be wary of simple stories about “scientific progress.”



Pre-Institutional History

- 2nd c. BCE documents *sound* like modern mania, depression, delusions.
- Hippocrates & Galen largely placed madness in body, yet many contemporaries saw other explanations.
- Wards for mad across early Islamic world, although not fully medicalized.
- In medieval Europe, contrasting explanations: from spiritual explanations to the bodily humours.
 - Monastery stays, burning at stake, bloodletting, family care, whipping, etc.
- We cannot overgeneralize. Both compassionate and cruel, non-medical and medical, responses to madness co-existed.

Trepanation

- Found across preliterate and literate worlds.
- Was this total quackery?



The Extraction of the Stone of Madness
(The Cure of Folly) – Hieronymus
Bosch, late 15th c.

Bethlem Hospital

- Establishment of Bethlem (Bedlam) Hospital in 14th c.
- Hospital in name, but more akin to a specialized prison, heavy use of restraints.



Bethlem in Popular Culture

- Bedlam became well-known:

This Bethlem is a place of torment;
Here's fearful notes still sounding;
Here minds are filed with discontent,
And terrors still abounding.
Some shake their chains in woeful wise,
Some swear, some curse, some roaring,
Some shrieking out with fearful cries,
And some their cloths are tearing.

Bedlam as Zoo

- “‘Swarms of people’ came to see ‘the freak show’, in which the inmate was regarded as a beast or monster.”
- Special precautions needed to “prevent sexual contact between visitors and women patients.”
- In 1770, tourists banned...not b/c of moral outrage, but crowdedness.
- Highlights several important trends: the stigmatization of mad individuals, notion that some people needed to be held in institutions on account of their madness.



Vagrancy Act 1714

- Differentiated “pauper lunatics” from “vagrants, sturdy beggars, rogues.”
 - Charged local authorities w/ apprehending individuals who “by lunacy, or otherwise, are furiously mad, and dangerous to be permitted to go abroad.”
 - Such individuals to be “kept safely locked up in such secure place within the county” and if necessary “to be there Chained.” Confinement funded by taxpayers.
 - Lunatics, unlike normal poor, not to be whipped.
 - Did not mandate treatment, just confinement.
- First time the state differentiated mad vs other deviants.
- Beginning of state forcibly confining lunatics on account of *predicted* dangerousness.
- But where? Bedlam could only hold about 150 people...₉

Rise of Private Madhouses

- New basis for confinement sparked “trade in lunacy.”
- Anyone w/ property could open up a madhouse, receiving money from gov’t or privately to care for inmate.
- Custodial care, not treatment.
- Consequences?
- Concerns over wrongful confinement arose, since who/when a person could be confined still ambiguous.



1774 Act for Regulating Madhouses

- Required inspection and licensing of madhouses by Royal College of Physicians.
 - Involuntary confinement possible only after an MD and JP reviewed case.
- Significant:
 - Important step in medicalizing madness
 - The state now involved in regulating madness beyond dangerousness.

Enlightenment & Modernity

- Enlightenment marked by advances in philosophy and science.
 - Reason and rationality celebrated.
 - Optimism about science's ability to address society's ills.
 - New political philosophies highlighted individualism, liberalism, individual rights.
- Reverberated through world of madness. ...couldn't reason and science be extended to madness?
 - Sparked interest in the idea that the madhouse could be therapeutic, furthering medicalization.

Tukes and the York Retreat

- People began to challenge perception of mad as lost causes.
- Freedom to walk the grounds and work land.
- Kindness, rather than harshness, as guiding principle.
- Helped to launch “moral treatment” revolution.



Moral Treatment I - Philippe Pinel

- Via “therapeutic conversation” believed he could improve reasoning ability of mad, who were not “lost causes” but disconnected from reason.
- If treated w/ dignity, kindness, and discipline, the patient could recover their reason.



Moral Treatment II - Rise of the Treatment Asylum

- Jean-Etienne Esquirol (early 19th c.)
 - MDs w/ special training needed to treat mad. Offered first classes on “maladies mentales.”
 - Called for purpose-built asylums.
 - Regimen itself therapeutic.
 - New institutions should be placed away from cities.



Moral Treatment - Basic Tenets

- Kindness and understanding should guide treatment.
- Patients' active role in own treatment.
- Purpose-built asylums:
 - Calm settings, large grounds, farmland that would help asylum be self sufficient and help patients.
 - Architecture important (i.e. no bars, bright, airy, “rational” segregation of patients by gender/disorder).
 - Prioritized discipline and routine through scheduled activities, exercise, etc.
 - Restraint to be used sparingly, not to incite terror.
 - MD-patient relationship as itself important.

Asylum Building Era

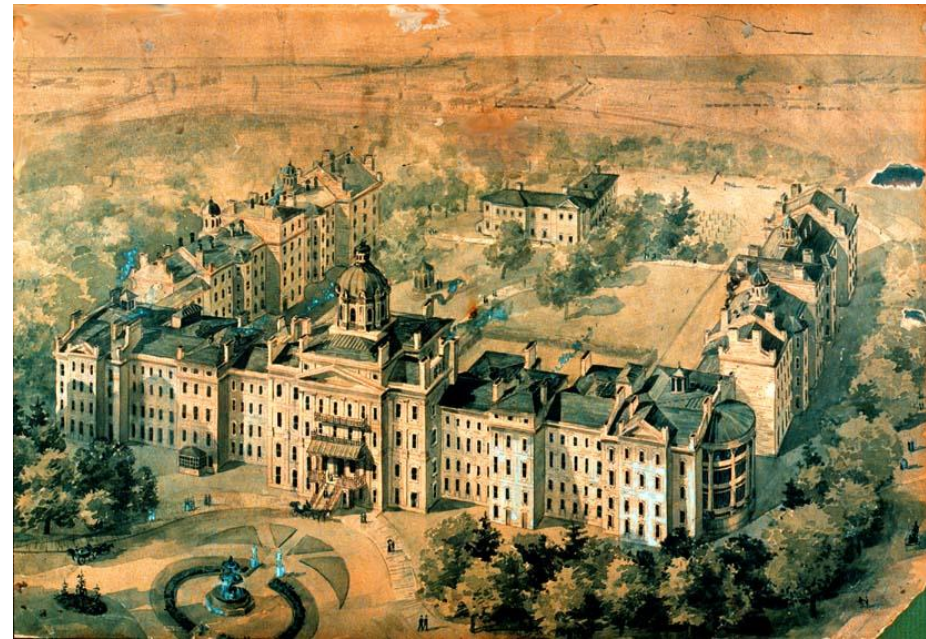
- 19th c. move from few (privately-run) madhouses to many massive state institutions resulted in explosion in patient pop.
- Rise of a new profession, the alienist.



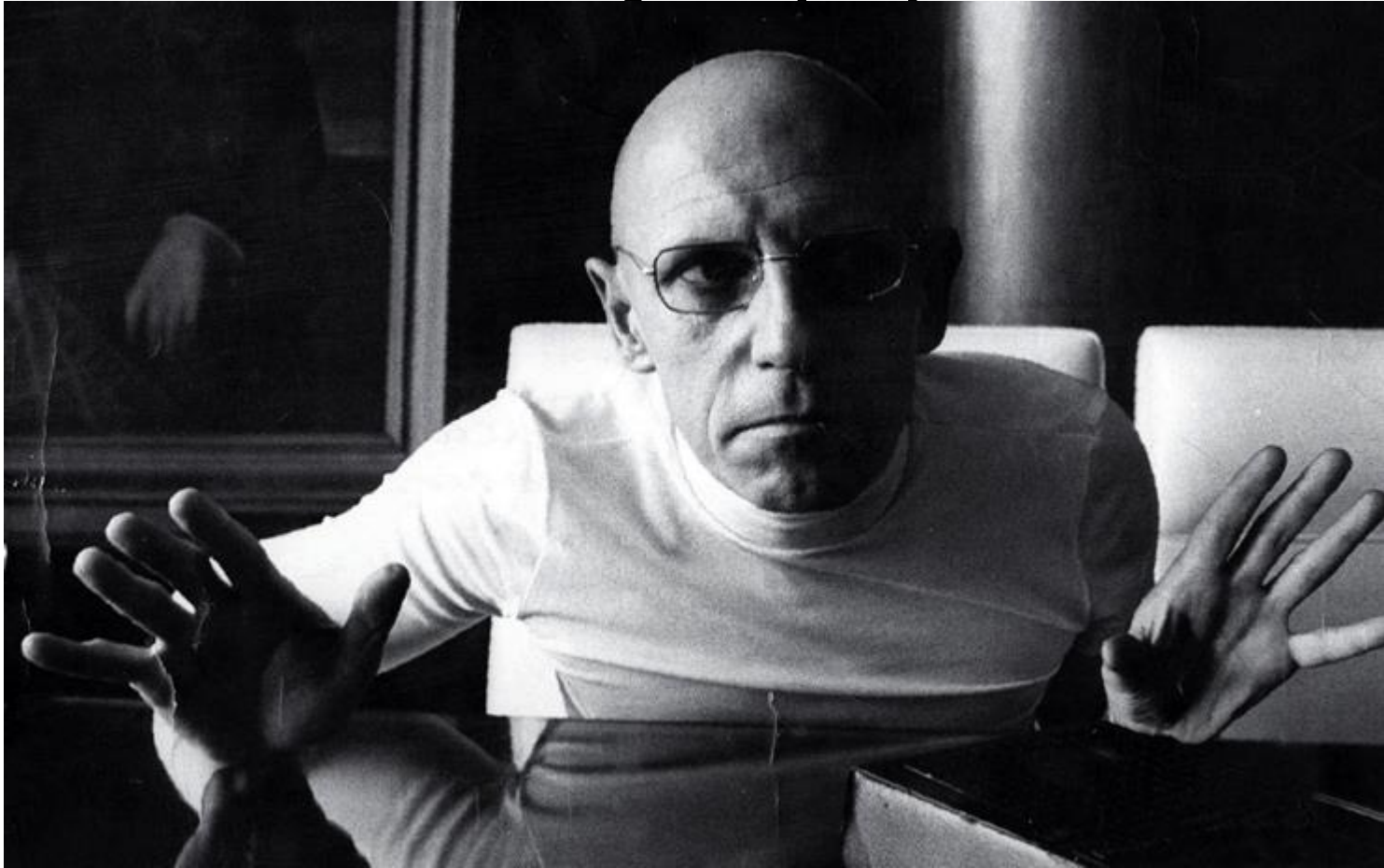
Hamilton Lunatic Asylum

Legacy of Asylums

- “Good intentions gone bad.”
- Moral treatment gave way to custodianship.
- Some suggest psychiatry “lost touch” w/ medicine.
 - In era of real advances in things like surgery and germ theory, psychiatry seemed a bit hopeless.
- Despite these problems, this era saw a massive increase in mentally ill population.



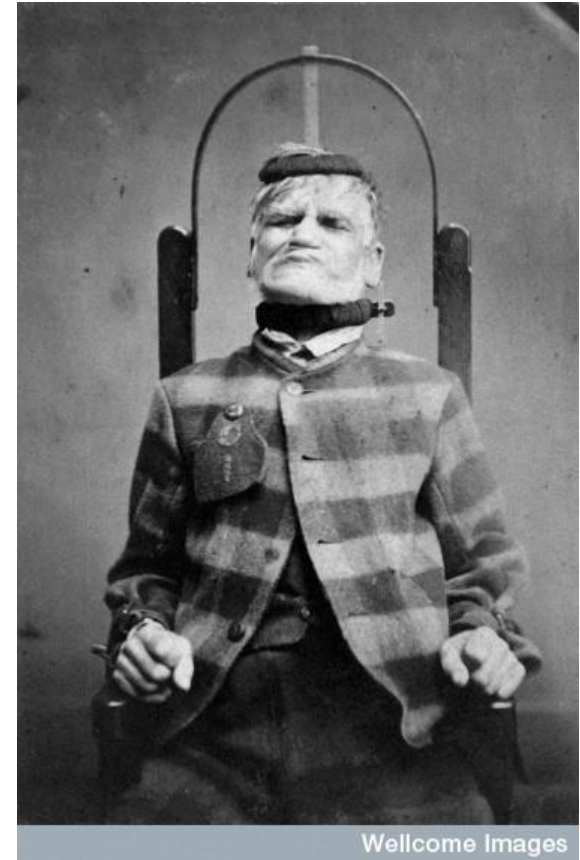
What caused the massive increase in the mentally ill population?



A real rise in mental illness or increased desire for social control?

Social Control - The Great Confinement

- Foucault: rise caused by growing state authoritarianism.
 - Individuals identified as mentally ill those who did not accept or fit into new political and economic logic of a society built upon “rationalism” and “efficiency.”
- Confined not for humanitarian or medical reasons but for control.
- An attempt to impose reason on the ‘unreasonable.’



Social Control II

- Scull: asylums as “dumping grounds” for society’s unwanted.
- Psychiatry’s upper middle class trying to impose order and control on lower classes.
 - Behaviours related to things like sex and drinking, which ran counter to upper middle class norms, positioned as symptoms of mental illness.
- Lumber room thesis.
 - The growing numbers of patients during the 19th and early 20th centuries thus reflects the widespread labelling of undesirable behaviour as mental illness (rather than as crime, sin, or even just unusual behaviour).

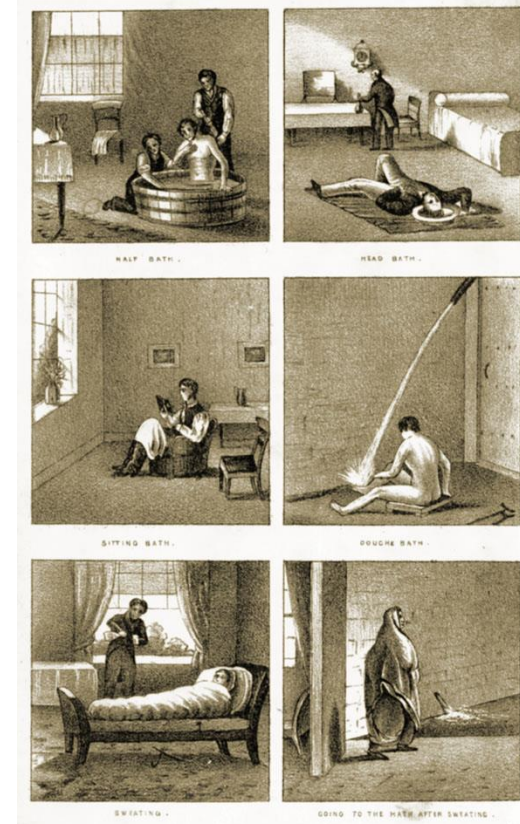
Criticism of Social Control Theory

- Romanticizes situation of the mad prior to the Enlightenment.
- Wright: not a conspiracy between the state and psychiatry, but families coping with Industrial Revolution.
- The “rise” wasn’t about social control, but rather that people were diverted from other institutions, like the poorhouse or prison.



Was There a Real Rise in Insanity?

- Many suggest that *real* rates of madness/mental illness increased on account of the Industrial Revolution and urbanization. Why?
 - Dietary changes (gluten and potatoes)?
 - Alcohol consumption?
 - More toxins (e.g. insecticides, latex)?
 - More disease (e.g. syphilis)?
 - Mass migration?
- All of these theories suggest, in essence, that modern life caused people to become more mentally ill, thus explaining the huge increase in patient population.



Conclusions

- The 18th and 19th c. witnessed madness transformed into mental illness.
 - This change was significant, bringing a new profession (psychiatry), new ideas about who was mentally ill, and a new infrastructure for identifying and responding to mental illness.
- This period, extending into the 20th c., also saw a large rise in people labelled mentally ill, although scholars don't agree on why.
 - Was it about social control or b/c people were truly sicker?